Substitute for form 1449/PTO (Revised 04/2003)  INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Complete if Kn wn				
				Application Number				
				Filing Date	To be assigned  Concurrently herewith			
				First Named Inventor	Robert J. Atmur			
				Group Art Unit	To be assigned			
			)	Examiner Name	To be assigned			
(Use as many sheets as necessary) Sheet 1 of 1			1	Attorney Docket Number 038190/262299				
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		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of						
Examiner	Cite	the item (bool	k, magazine,	journal, serial, symposium, catalog	Language Translation			
Initials	No.	number(s), pu	blisher, city	and/or country where published.	Attached			
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-	Examiner Signature	The	Date Considered	2/24/06.	
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<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.